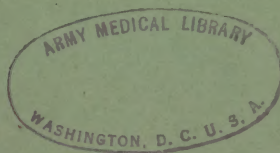


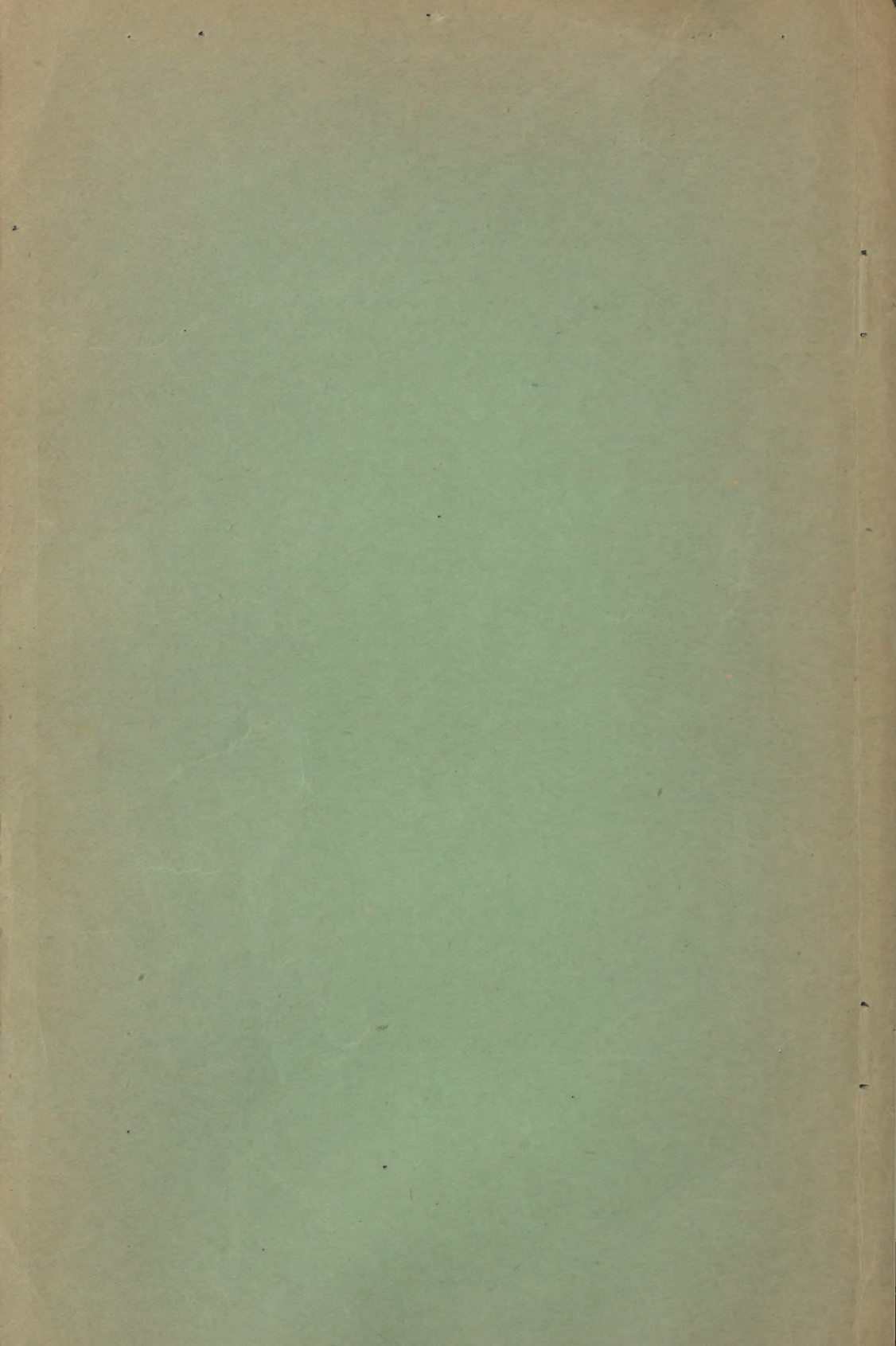
GUIDE FOR THE PROVISION OF HEALTH SERVICES

WAR MANPOWER COMMISSION
BUREAU OF MANPOWER UTILIZATION
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GUIDE FOR THE PROVISION OF HEALTH SERVICES

Functions of the United States Public Health Service and the War Manpower Commission.

Two of the most acute problems encountered in maintaining an efficient labor force are job absences and unnecessary turnover in employment. It has been determined that illness is the largest single cause of absences from work and is one of the major factors in decreasing the productivity of workers.

The War Manpower Commission, when it finds inadequate medical care for the war worker and his family affecting the worker's attendance and efficiency on the job, reports these conditions to the appropriate operating agency. The United States Public Health Service is the Federal agency charged with the responsibility for determining the need and, when possible, for the provision of expert assistance in planning with industry or the community a program to meet these needs.

The Procurement and Assignment Service of the War Manpower Commission, in cooperation with the United States Public Health Service, has the responsibility for the relocation of doctors, dentists, and nurses to those areas suffering from a shortage of medical and professional services.

This Guide sets forth the various services of the United States Public Health Service available to any plant and any community. It also indicates how the Utilization Consultant can note the problems and which division within the United States Public Service on the Washington, Regional and local level to contact for expert advice and assistance in solving these problems.

Activities of the War Manpower Commission

Spotting the Problem The Utilization Consultant, in his plant survey, notes any health problem that interferes with utilization through:

- A. High frequency rates of accidents
- B. Information gathered from exit interviews
- C. Information gathered on causes of absences

- D. Report from the personnel counsellors
- E. Reports or information from Personnel Departments as to the need for technical assistance.

Types of Action to be taken by the Utilization Consultant

- A. Incorporation in the utilization survey of the recommendations he makes to management.
- B. Interpretation to management of the general need for adjustments in health or medical services in the plant.
- C. Advice to management on the appropriate agency to determine the specific needs and to offer expert technical assistance on the problem.
- D. Joint request by Utilization Consultant and management to the representative of the appropriate agency for a survey of the plant for determination of the need and for planning a program to remedy the problem situation.
- E. Referral of out-plant health problems to the appropriate local agency for action.
- F. Follow-up of the action recommended by the appropriate agency and cooperation with management in executing the plans for in-plant adjustments.

Action on Specific Problems

Industrial Hygiene

Objective To keep every worker on the job by the prevention of sickness and accidents; and if disability is incurred, to restore the worker to the job as quickly as science, skill and nature permit.

Services

1. Surveys plants to determine conditions affecting the health of the war worker.
2. Recommends remedial action to management.
3. Provides advisory services to industry in connection with plant construction and renovation.

4. Provides advice and assistance in setting up programs for physical examinations and medical service for workers.
5. Refers to the appropriate division or section of the State, regional or Federal authorities whose health problems for the solution of which they are responsible.
6. Advises on and promotes adult health programs.
7. Coordinates the promotion of industrial nursing and dentistry through State and local health departments.
8. Develops and provides standards and procedures for all phases of individual health programs.

Organization

1. The Public Health Service program for aiding war workers is effected through the Division of Industrial Hygiene on the Washington Level through:
 - a. Grants in aid to State health departments.
 - b. The provision of consultation services, upon request, to State health officers.
 - c. The assignment of trained personnel to State divisions of industrial hygiene.
 - d. The provision of equipment and facilities.
2. The trained personnel assigned to the State divisions of industrial hygiene are administratively responsible to the State health officers, although paid out of Federal funds.
3. Direct services by the Industrial Hygiene Division of the Public Health Service to those industries located in states not having industrial hygiene services and on

special investigations of hazards found in industries located in several states.

Accomplishments

1. 11,100 plant investigations done in 28 states employing some 5,250,000 workers, (last year)
2. 47 industrial hygiene units established in 38 states.
3. 29 nursing consultants in 24 states.
4. 4 states have dental consultants.
5. 140 inspections and reinspections in 90 government-owned industrial establishments producing munitions, as a continuing responsibility and many special investigations in other war plants.

The entire resources and facilities of the Division of Industrial Hygiene are at the disposal of all Federal, State and other government agencies as well as labor and industry.

Responsibilities of Utilization Consultants

How to Spot Problem

1. Through complaints to management, unions, USES.
2. Through high incidence of special diseases as reported by the personnel division of a particular plant.
3. Through surveys of working conditions.
4. Through difficulties encountered in recruiting.
5. Through difficulties met in maintaining stabilized manpower.

How to Act on Problem

1. Report to director of industrial hygiene in state where plant is located.
2. In those localities where no industrial hygiene unit exists, contact the Industrial Hygiene Division of the U. S. Public Health Service, Bethesda 14, Md.

Hospital and Health Center Facilities

Objective To determine public health need and provide standard construction designs for hospital, health center, and related facilities during emergency period.

Services Provided

1. Makes surveys to determine need for hospitals, nurse training facilities and public health centers built with Lanham Act funds.
2. Determines need for facilities non-Federally financed, but for which priority assistance is required.
3. Provides standards and type plans for hospitals and health centers.
4. Furnishes consultation relative to planning of health centers and planning and operation of hospitals to Federal agencies, architects, hospital administrators.
5. Provides technical guidance to communities, hospital administrators, public health officials, Latin American architects and health officials, groups financing their own projects, on construction and operation of hospitals and related medical facilities.

Channels Through Which These Services Can Be Obtained

1. The Hospital Facilities Section on the Washington level furnishes recommendations of need for hospitals, health centers and related facilities.
2. The district offices of the Public Health Service operating at the regional level make the field surveys.
3. The findings of need for Lanham financed facilities are furnished to the Federal Works Agency which administers the Lanham Community Facilities Program.
4. The findings of need for medical and health facilities for which priority assistance alone is sought, are furnished to the War Production Board.

Accomplishments

1. The construction of many of the hospital and health center projects surveyed and recommended by the United States Public Health Service have been completed. Since the Federal Works Agency is responsible for construction, the United States Public Health Service for recommendations of need, the figures given below on United States Public Health Service accomplishments are limited to recommendations on need. As of February 29, 1944, the United States Public Health Service had investigated and recommended to the Federal Works Agency:
 - a. 162 active projects for new hospitals.*
 - b. 409 active projects for hospital additions.*
 - c. 377 active projects for nurses home and training facilities.*
 - d. 254 active projects for health center facilities.*

These figures do not include the inactive projects on which surveys have been made and recommendations furnished by the United States Public Health Service.

2. A large number of recommendations of need have been furnished by the United States Public Health Service to the War Production Board in connection with the release of priorities for construction and equipment of non-Federally financed hospitals, clinics, and related facilities.
3. Preparation and distribution of materials on type plans, planning suggestions, among which are:
 - "Public Health Centers"
 - "Planning Suggestions and Demonstration Plans for Acute General Hospitals"
 - "Standard Plans for Nurseries for Newborn"

Responsibilities of Utilization Consultants

How to Spot Problem

1. Through utilization surveys
2. From complaints of employees
3. From complaints of union
4. From reports made by the Office of Community War Services

How to Act on Problem

1. The Utilization Consultant reports by letter to the State or local or county health authority who is most immediately responsible.
2. Utilization Consultant transmits copy of report to Regional War Manpower Commission Representative.
3. The War Manpower Commission Regional Representative contacts the United States Public Health Service District Officer on the problem.

Medical - Dental - Nursing Services

Objective To determine areas suffering shortages of medical and dental manpower and to relocate physicians and dentists on a voluntary basis. Determination of the availability of nurses for relocation and essentiality for civilian service.

Services Provided

1. Surveys (by Procurement and Assignment Service) to determine physician and dentist shortage areas. (Past Service)
2. Surveys conducted by Procurement and Assignment Service in conjunction with the United States Public Health Service to determine physician and dentist shortage areas. (Past Service)
3. Voluntary relocation of physicians and dentists to shortage areas, with the assistance of the Procurement and Assignment Service and the United States Public Health Service.
4. Determination of criteria by the Public Health Service on the National level for the classification of nurses throughout the nation.

Channels Through Which These Services Can Be Obtained

1. Two organizations are involved:
 - a. Procurement and Assignment Services of the War Manpower Commission
 - b. United States Public Health Service
2. Procurement and Assignment determines the availability of physicians and dentists for military service or for civilian practice.
3. The Procurement and Assignment Service has a Federally paid staff in Washington. Below the Federal level it depends upon

the State Procurement and Assignment Service Chairmen, private physicians, dentists and nurses who serve Procurement and Assignment Service in a volunteer capacity.

4. The United States Public Health Service, in conducting its surveys, utilizes its regular administrative machinery. Its field activities are carried out through its regular district offices.

Accomplishments

1. As of June 1, 1944, the Procurement and Assignment Service of the War Manpower Commission has effected 3,355 relocations of physicians and dentists.
2. As of June 1, 1944, 218 communities in 39 states had been reported by Procurement and Assignment Service State Chairmen to have need of 249 physicians.
3. The Procurement and Assignment Service Nursing Committees have classified 130,000 nurses throughout the nation. Of this number, 8,484 were declared available for relocation and 72,468 as essential to civilian welfare.

Responsibilities of Utilization Consultants

How to Spot Problem

1. Through investigation of absentee and turnover rates as found on the ES-270's, which indicate that these conditions are due to lack of adequate medical care for war worker and his family.
2. Through information gathered from personnel records, exit interviews and absentee interviews of the individual plant.

How to Act on Problem

1. By acquainting industry, cooperating agencies and communities with the aid made

available by Procurement and Assignment Service.

2. By referral of the need for additional physicians and dentists to the Procurement and Assignment Service on the Washington level through appropriate administrative War Manpower Commission procedures.
3. By referral of the need for additional nurses to the local or State Procurement and Assignment Service Committees for nurses.

Sanitation Facilities and Services

Objective - To promote the provision of such sanitation facilities and services as may be required to provide military and war industry personnel health protection from environmental factors which might affect adversely their contribution to the war effort. Through the Milk and Food Section special efforts are made to maintain approved sanitation standards of milk supplies and in eating establishments.

Services Provided

1. Conducts reconnaissance surveys of health problems in all war industry and military areas. (These surveys started in the fall of 1940 and are continuing as new problems develop.)
2. Refers data obtained from these surveys to the Federal agencies having administrative responsibility for undertaking the construction of such sanitation facilities and the provision of such services as are considered necessary.
3. Supplies consultative sanitary engineering assistance to the staffs of Federal agencies such as the Office of Community War Services, Federal Security Agency, War Production Board, War Food Adminis-

tration, War Shipping Administration, United States Coast Guard, Maritime Commission, Federal Works Agency and the Federal Public Housing Authority.

4. Identifies and initiates measures to eradicate sanitation hazards in military areas (close liaison is maintained with officers of Sanitary Corps of the United States Army).
5. The Milk and Food Section carries on the following activities:
 - a. Conducts seminars for state and local sanitarians.
 - b. Recommends state and local legislation for control of sanitary conditions.
 - c. Implements proper enforcement of laws in local areas by the training of food handlers and sanitarians.
 - d. Encourages the organization of milk and food activities in the State Health Departments.

Channels Through Which These Services Can Be Obtained

1. The Division of Sanitary Engineering offers consultative sanitary engineering assistance to any Federal agency upon request from that agency at the Federal level or through the sanitary engineering staffs of the district offices of the United States Public Health Service at state and local levels.
2. The United States Public Health Service at the Washington level supplements state and local health departments through the assignment of sanitary engineering and sanitarian personnel to their staffs.
3. The Sanitary Engineer of the district offices of the United States Public Health Service makes the field investigations of sanitary facility needs in cooperation with the state and local health department representatives.

4. These investigations are made upon the request of any state or Federal agency and upon the determination of need by the United States Public Health Service district director.
5. District Offices refer to the Washington office all matters which require action at that level.
6. Complete reconnaissance survey reports on war industry and military areas are maintained in the Surgeon General's office (Sanitary Engineering Division) for reference use by any governmental department having administrative interests in these data.
7. The Sanitary Engineering Division of the United States Public Health Service, through its Milk and Food Section on the Washington level plans and organizes the general program of milk and food sanitation and assigns milk and food specialists to the district offices.
 - a. Every United States Public Health Service district office has at least one Milk and Food specialist on its staff.
 - b. United States Public Health Service District Milk and Food specialists cooperate with other Federal agencies upon request.
 - c. District milk and food specialists work with State Health Departments in an advisory capacity.
 - d. United States Public Health Service on Washington level assigns, upon request, milk and food specialists to individual State Health Departments, for reassignment to war areas within the State.
 - e. United States Public Health Service Milk and Food Specialists are responsible to the State health authorities to whom they are assigned. Their

salaries are paid out of Federal funds, their traveling expenses by the State to which they are assigned.

Accomplishments

1. The basic information obtained by the early reconnaissance surveys, supplemented by special sanitary engineering investigations of specific projects proposed to meet sanitation facility needs have made it possible to recommend and secure the construction of most of the extensions and betterments of community sanitation facilities regarded as essential to the protection of the health of persons engaged in the war effort. Most of these improvements have been secured under the provisions of the Lanham Act, P. L. 137, 77th Congress, in cooperation with the Federal Works Agency.

Through the Milk and Food Section:

2. Adoption of the Public Health Service Model Restaurant Ordinance by 11 entire state, as well as 108 counties and 175 municipalities located in 25 other states. It has also been adopted by 21 states as a basis for State regulations, including the 11 listed above.
3. Adoption of the Public Health Service Milk Ordinance by 984 cities and 135 counties in 38 states, and by 14 states as a basis for state regulations.
4. The procurement and assignment of 23 United States Public Health Service Milk and Food Specialists to 21 different states.

Responsibilities of the Utilization Consultant

How to Spot Problem

1. Complaints to management or unions by workers about the sanitation facilities

in or near their homes -- such as inadequate garbage disposal, sewage disposal. Information regarding problems may be obtained through employee interviews where excessive turnover is being encountered.

2. Area Analysis Reports
3. ES-270 Reports
4. Office of Community War Service Reports
5. Committee on Congested War Production Areas Reports.

How to Act on Problem

1. Any Federal agency confronted with a sanitation facility problem which is represented as creating a situation that adversely affects the health or morale of military or war industry personnel should at once provide the District Office, United States Public Health Service, with the factual information at hand and request that an investigation be made.

For any milk and food problems:

2. Contact the Milk and Food Sanitarian of the local health department for any local problems.
3. Contact the State Milk and Food Sanitarian for other than local problems and also for local problems where there are no Milk and Food Sanitarians in the local health department.
4. In some states the milk and food problems are handled by the Department of Agriculture.
5. In those states where the milk and food problems are handled by other than the above-mentioned representatives, information as to the agency or group responsible for this work may be obtained from the State Health Departments.

Control of Mosquito-Borne Diseases (Yellow Fever, Malaria and Dengue)

Objective To organize an effective War Control Program in areas where the disease exists or where mosquitoes carrying such diseases are numerous.

Services Provided

1. Conducts surveys to determine existence of problem.
2. Conducts drainage operations in areas contiguous to war industries and military establishments.
3. Conducts larviciding operations in areas contiguous to war industries and military establishments.

Channels Through Which These Services Can Be Obtained

1. Staff of medical, entomological and engineering experts serve as consultants to State Health Malaria Control Officers, Headquarters in Atlanta, Georgia.
2. Federal funds are available for the payment of personnel, provision of equipment and supplies as necessary.
3. Headquarters staff of experts has a line of relationship to State Malaria Control Officers.
4. State Malaria Control officers have authority to make decisions as to need and methods used for Malaria control.

Accomplishments

1. Operating in 317 counties in 22 states, also the District of Columbia and Puerto Rico.
2. Manufacturing large quantities of yellow fever vaccine for immunization of troops, by request of War Department.

3. Malaria - the situation for this disease is under such control that as of date there now exists the lowest malaria experience on record.

Responsibilities of Utilization Consultants

How to Spot Problem

1. Swamp areas.
2. Semi-tropical areas.
3. Depots for in-coming planes from South America or Africa.
4. Public Health records showing occurrence of such diseases.
5. Sanitation lacks - trailer homes, etc.
6. Office of Community War Services reports.
7. Committee for Congested Production Areas reports.

How to Act on Problem

1. Contact the local Health Officer.
2. Contact State Health Officer in absence of local authorities.

Venereal Disease

Objective - To reduce the incidence of venereal diseases to the greatest possible extent through the establishment and maintenance of adequate measures for the prevention, treatment and control of venereal disease.

Services Provided

1. Diagnoses disease and administers emergency treatment to all who apply.
2. Provides consultation service and treatment to all patients unable to afford private medical care. This applies equally to residents of any state as well as non-residents.

3. Consultation service and training courses for benefit of state and local health department laboratories so that accurate diagnosis is provided.
4. Establishes and operates Rapid Treatment Centers for treatment of venereal diseases. Admittance is voluntary except when Health Department quarantine is employed, or cases requiring extensive hospitalization are not admitted.
5. Studies, investigates and demonstrates how to develop more effective measures for reduction of venereal disease.

Channels Through Which These Services Can Be Obtained

1. The Venereal Disease Division of the United States Public Health Service formulates and plans the program for the nation and makes ultimate decisions on the grants-in-aid to the states after appropriate conference and agreements with State Health Officers.
2. Federal Public Health Service funds are allocated to State Health Departments on basis of population, financial need, and extent of venereal disease problem.
3. Some specialists assigned to the State Health Departments are paid out of Federal funds.
4. These specialists are responsible to the Venereal Disease Division for carrying out the policies of the United States Public Health Service for a general venereal disease control program and for a venereal disease control program for war workers.
5. The venereal disease control activities in a United States Public Health Service District Office are handled by a Venereal Disease Consultant attached to the district office.

6. State and local health authorities are responsible for determining the need for Rapid Treatment Centers, for presenting the justification data, and submitting the application for approval to the Federal Works Agency Regional Office. The Federal Works Agency consults with the United States Public Health Service District Office for certification as to war needs.
7. The professional personnel of the Rapid Treatment Centers are paid out of Federal venereal disease control funds; all other personnel are paid out of Federal funds administered by the Federal Works Agency (Lanham Act), state funds, and/or local funds. Professional personnel include a Record Analyst, Chief Nurse, Medical Officer, Bacteriologist, and occasionally other designated specialists.

Accomplishments

1. Establishment of 3,700 Venereal Disease Clinics in State and local health departments.
2. Establishment of 40 Rapid Treatment Centers with a total bed capacity of 5,616. Four of these are operated by the United States Public Health Service and 36 by the State Health Departments.
3. The establishment of an additional 31 Rapid Treatment Centers are now being planned.
4. Blood tests have been performed on every selectee given a physical examination prior to induction into the armed forces.

Responsibilities of Utilization Consultants

How to Spot Problem

1. Through review of reports on pre-placement medical examinations.
2. Through review of personnel records in war plants.

3. Through review of reports made by the following agencies or organizations.
 - a. Office of Community War Services
 - b. State and/or local Health Departments
 - c. Committee for Congested Production Areas
4. Through consultation with
 - a. Local welfare agencies, public and private.
 - b. Regional office of Office of Community War Services.

How to Act on Problem

1. The Utilization Consultant reports by letter to the State, local or county health authority who is most immediately responsible.
2. Utilization Consultant transmits copy of report to Regional War Manpower Commission representative.
3. The War Manpower Commission Regional Representative contacts the United States Public Health Service District Officer on the problem.
4. War Manpower Commission Regional Representative contacts the Regional Representative of the Office of Community War Services on the problem. Through the Social Protection representative, this office works closely with law enforcement officials on the control of harmful conditions and with welfare agencies in providing necessary services and facilities.

Tuberculosis Control

Objective - To prevent wartime rise in Tuberculosis.

Services Provided

1. Institutes mass case finding of present employee group.
2. Provides pre-placement chest X-rays examinations for all new employees.

3. Provides follow-up clinical examinations of all positive and suspected cases so that proper disposition can be made. (Inactive cases can be kept on job under medical supervision. Active cases can be treated or isolated.)
4. Provides periodic examination of entire employee groups at three to five year intervals to detect latent cases that have developed since initial mass examination.
5. Assists in training of professional personnel so that plant personnel can be trained and plant become self sufficient.
6. Offers technical consultation services to improve existing programs and advise on new divisions.

Channels Through Which These Services Can Be Obtained

There are eighteen medical officers in the Tuberculosis Control Division on the Washington level. Eight are in charge of field demonstration units on request by state health departments for use on state or local levels - principally for demonstration purposes.

- a. Four medical officers are available for consultation to states for program development and technical assistance.
- b. Six officers are available for loan to states and municipalities where equipment is available but no trained personnel exists.
- c. Four professional persons (record analysts) are assigned to assist state and local departments in establishing and maintaining follow-up record systems.
- d. Eight mobile X-ray units travel around the country on loan to State health departments.

Accomplishments

1. Among 700,000 examinations made by the Tuberculosis Control Section of the United States Public Health Service as of March 31, 1944, 576,828 industrial workers were included. An analysis based on 281,805 reports on these industrial workers yields the following:
 - a. Total number of cases of reinfection tuberculosis found: 4,272 or 1.5 percent of the group examined.
 - b. Of these 4,272 cases with evidence of reinfection tuberculosis, 2,549 or 60 percent were in the minimal state.
 - c. 1,379 or 32 percent were moderately advanced and 344 or 8 percent were far advanced.
2. Program is being expanded to do more intensive follow-up including clinical diagnosis, modern medical treatment, rehabilitation of patient toward total adjustment.
3. Program is being expanded to include families of war workers.

Responsibilities of Utilization Consultants

How to Spot Problem

Census reports show that 50 percent of the tuberculosis deaths in this country are found among males and females between the ages of 25 and 50. This constitutes the industrial group.

1. Communities where housing conditions for war workers are sub-standard.
2. Communities known for their above-average tuberculosis rate.
3. Concentration of war workers belonging to certain unskilled working groups with a known high tuberculosis rate.

4. Long hours of work leading to excessive fatigue that might result in a breakdown.
5. Special attention to siliceous industries.
6. Wherever ES-270's reveal a high absence or turnover rate due to respiratory infections lasting more than seven days.

How to Act on Problem

1. Request assistance from the local or state Tuberculosis Control Division.
2. Contact the local or state Bureau of Industrial Hygiene.

